LADYSMLTH NURSING HOME			
1001 EAST 11TH STREET N			
LADYSMITH 54848 Phone: (715) 532-5546		Ownershi p:	Corporati on
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	62	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	62	Average Daily Census:	61
Number of Residents on 12/31/00:	61		

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Services Provided to Non-Residents			Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %			
	Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	29. 5 45. 9
	Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 39. 3	Under 65 65 - 74	0. 0 9. 8	More Than 4 Years	24. 6
	Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	4. 9 0. 0	75 - 84 85 - 94	27. 9 45. 9	! **********************************	100.0
	Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	16. 4	Full-Time Equivale	nt
	Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0	05.00	100. 0	Nursing Staff per 100 R (12/31/00)	esi dents
	Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	11. 5 0. 0	65 & 0ver	100. 0	RNs	17. 6
	Referral Service Other Services	No No	Di abetes Respi ratory	3. 3 4. 9	Sex		LPNs Nursing Assistants	3. 3
	Provide Day Programming for Mentally Ill	No	Other Medical Conditions	36. 1	Male Female	63. 9 36. 1	Aides & Orderlies	38. 2
	Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0		
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Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri			rivate Pay			Managed Care			Percent
			Per Die	m		Per Die	er Diem		Per Diem			Per Diem		Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	4	8. 7	\$117. 03	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	4	6. 6%
Skilled Care	2	100.0	\$144.50	40	87.0	\$100.79	0	0.0	\$0.00	13	100.0	\$117.50	0	0.0	\$0.00	55	90. 2%
Intermedi ate				2	4.3	\$84. 54	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	3. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		46	100. 0		0	0.0		13	100.0		0	0.0		61	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 22.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 2. 5 Bathi ng 1.6 31. 1 67. 2 61 Other Nursing Homes 25.0 Dressi ng 1.6 75.4 23.0 61 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 70. 5 **45.0** 9.8 19. 7 61 59.0 0.0 Toilet Use 4.9 36. 1 61 0.0 Eating 41.0 55.7 61 3. 3 ***** Other Locations 5.0 Total Number of Admissions 40 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 8. 2 14.8 Private Home/No Home Health 23.1 Occ/Freq. Incontinent of Bladder 90. 2 0.0 Private Home/With Home Health 10.3 Occ/Freq. Incontinent of Bowel 49. 2 1. 6 Other Nursing Homes 5. 1 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 5. 1 Mobility 0.0 Physically Restrained 3.3 0.0 80.3 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics Deaths 56. 4 With Pressure Sores 1.6 Have Advance Directives 83.6 Total Number of Discharges With Rashes 27.9 Medi cati ons Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

				4. 4. 4. 4. 4. 4. 4. 4.					
		Own	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s		pri etary		- 99		led	Al l	
	Facility		Group		Group		Group		ities
	%	%	Ratio	% Ratio		% Ratio		%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 4	80. 4	1. 22	85 . 4	1. 15	84. 1	1. 17	84 . 5	1. 16
occupancy rate. Average Daily Census/Licensed Beds									
Current Residents from In-County	83. 6	74 . 2	1. 13	72. 9	1. 15	76 . 2	1. 10	77. 5	1.08
Admissions from In-County, Still Residing	45. 0	19. 0	2. 37	21. 3	2. 11	22. 2	2. 03	21. 5	2. 09
Admissions/Average Daily Census	65. 6	135. 3	0. 48	101. 3	0.65	112. 3	0. 58	124. 3	0. 53
Discharges/Average Daily Census	63. 9	137. 7	0.46	101. 3	0.63	112. 8	0. 57	126. 1	0.51
Discharges To Private Residence/Average Daily Census	21. 3	57. 0	0. 37	37. 6	0. 57	44. 1	0. 48	49. 9	0.43
Residents Receiving Skilled Care	96. 7	89. 4	1.08	89. 6	1.08	89. 6	1.08	83. 3	1. 16
Residents Aged 65 and Older	100	95. 9	1.04	93. 4	1.07	94. 3	1.06	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	75. 4	71.6	1.05	69. 0	1.09	70. 1	1.08	69. 0	1.09
Private Pay Funded Residents	21. 3	19. 0	1. 12	23. 2	0. 92	21.4	1.00	22. 6	0.94
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	44. 3	35. 9	1. 23	41. 5	1.07	39. 6	1. 12	33. 3	1. 33
General Medical Service Residents	36. 1	18. 2	1. 98	15. 4	2. 35	17. 0	2. 12	18. 4	1.96
Impaired ADL (Mean)	59 . 3	47. 3	1. 26	47. 7	1. 24	48. 2	1. 23	49. 4	1. 20
Psychological Problems	8. 2	45 . 0	0. 18	51. 3	0. 16	50.8	0. 16	50. 1	0. 16
Nursing Care Required (Mean)	15. 8	6. 7	2. 35	6. 9	2. 28	6. 7	2. 34	7. 2	2. 21